CLAIMS ONLY

	Application Number		Filing Date
	Applicant(s)		

* May be used for additional claims or amendments

CLAIMS	AS FILED 10/30/05		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep	Depend	Indep	Depend
1								51		✓				
2								52		✓				
3								53		✓				
4								54		✓				
5								55		✓				
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43								93						
44								94						
45								95						
46								96						
47								97						
48	3	1						98						
49								99						
50		1						100						
Total Indep								Total Indep	1					
Total Depend								Total Depend	11					
Total Claims								Total Claims	12					